Form **990-EZ**

Return of Organization Exempt From Income Tax

OMB No 1545-1150

Open to Public Inspection

Form 990-EZ (2012)

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of dohor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the vear may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements.

For the 2012 calendar year, or tax year beginning and ending JANE Check if applicable D Employer identification number C Name of organization BRICKLAYERS LOCAL 1 MD, VA & DC 01-0647214 POLITICAL ACTION COMMITEE Name change Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Telephone number Initial return 5879 ALLENTOWN ROAD 240-695-9463 Terminated City or town, state or country, and ZIP + 4 F Group Exemption CAMP SPRINGS, 20746 MD Number > Application pending H Check X if the organization is not X Cash Accrual Other (specify) G Accounting Method: required to attach Schedule B \odot Website: ► N/A) **⋖**(insert no.) Tax-exempt status (check only one) -501(c)(3) 501(c) (4947(a)(1) or X 527 (Form 990, 990-EZ, or 990-PF) Check Fig. 1 if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return. L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, 107,119. line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I 107,119. Contributions, gifts, grants, and similar amounts received 1 2 Program service revenue including government fees and contracts 2 3 3 Membership dues and assessments 4 4 Investment income 5a Gross amount from sale of assets other than inventory b Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c Gaming and fundraising events SCANNED JUL 02 a Gross income from gaming (attach Schedule G if greater than 6a \$15,000) of contributions **b** Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such 6b gross income and contributions exceeds \$15,000) c Less: direct expenses from gaming and fundraising events 6c d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 7a Gross sales of inventory, less returns and allowances 7a 7b b Less: cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7с Other revenue (describe in Schedule O) 8 8 RECEIVED 107,119. 9 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ကို 10 Grants and similar amounts paid (list in Schedule 0) 10 UN 2 4 2013 11 Benefits paid to or for members C 11 ഗ 12 12 Salaries, other compensation, and employee benefits 37,540. Professional fees and other payments to independent contractor DEN. UT 13 13 14 14 Occupancy, rent, utilities, and maintenance 350. 15 Printing, publications, postage, and shipping 15 79,823. Other expenses (describe in Schedule O) SEE SCHEDULE O 16 16 117,713. Total expenses Add lines 10 through 16 17 17 <10,594.> Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Net Assets Net assets or fund balances at beginning of year (from line 27, column (A)) 19 92,552. (must agree with end-of-year figure reported on prior year's return) 19 20 20 Other changes in net assets or fund balances (explain in Schedule O) 81,958. 21 Net assets or fund balances at end of year. Combine lines 18 through 20

LHA For Paperwork Reduction Act Notice, see the separate instructions

_	m 990-EZ (2012) POLITICAL ACTION COMMITEE				064/2		raye
P	art II Balance Sheets (see the instructions for Part II)						
	Check if the organization used Schedule O to res						<u>L.</u>
		(/	N) Beginning of year		(B) E	nd of year	
22	2 Cash, savings, and investments		92,552	. 22		81,9	58
23	B Land and buildings			23			
24	Other assets (describe in Schedule 0)			24			
25	5 Total assets		92,552	25		81,9	58
26	5 Total liabilities (describe in Schedule O)		0 .				0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)		92,552	. 27		81,9	58
P	art III Statement of Program Service Accomplishmen					penses	
	Check if the organization used Schedule O to res	pond to any questio	n in this Part III	X		for section and 501(c)	
۷h	at is the organization's primary exempt purpose? SEE SCHEDULE O				organization	ons and sec	ction
	scribe the organization's program service accomplishments for each of its three largest program		In a clear and concise		4947(a)(1 for others.) trusts; op	tionai
man	nner, describe the services provided, the number of persons benefited, and other relevant inform	ation for each program title	<u>.</u>		ioi others.	,	
28	CONTRIBUTIONS MADE TO POLITICAL CAN		FURTHER				
	THE GOALS AND PURPOSE OF THE LOCAL	UNION.		_			
	(Grants \$) If this amount includes foreign g	rants, check here	>		28a		
29							
	(Grants \$) If this amount includes foreign g	rants, check here			29a		
30							
	(Grants \$) If this amount includes foreign g	rants, check here	, •		30a		
31	Other program services (describe in Schedule O)		•				
	(Create C	rante abook bara	.		31a		
	(Grants \$) If this amount includes foreign g	rants, check here			JIA		
32	+ · · · · · · · · · · · · · · · · · ·	rants, check here			32		
32 Pa	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key E		ven if not compensated (s		32	or Part IV)	
32 Pa	Total program service expenses (add lines 28a through 31a)	mployees List each one e			32	or Part IV)	
32 Pa	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key E	mployees List each one e	n in this Part IV	ee the	32 instructions for	or Part IV)	ated
32 Pa	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key E	mployees List each one e pond to any questio (b) Average hours per week devoted to	(c) Reportable compensation (Forms	ee the	alth benefits, ibutions to byee benefit	(e) Estim	othe
32 Pa	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to res	mployees List each one e pond to any questio (b) Average hours	(c) Reportable compensation (Forms	ee the	instructions for	(e) Estim	othe
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NI CH PH	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to res (a) Name and title INO CRUZ HAIRMAN HILIP BRYANT	mployees List each one elepond to any questio (b) Average hours per week devoted to position	n in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	ee the	instructions for alth benefits, ibutions to oyee benefit and deferred pensation	(e) Estim	othe
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232172 01-11-13

01-0647214 Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

Page 3

	instructions for Part V) Check if the organization used Sch. O to respond to any question in the	าเร Pa	rt V	X
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each			
	activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended			
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	<u> </u>	X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported			
	on lines 2, 6a, and 7a, among others)?	35a	N/	
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	N/	A
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax			
	requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
	complete applicable parts of Schedule N	36		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a N/A	_		
	Did the organization file Form 1120-POL for this year?	37b	N/	A
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			
	in a prior year and still outstanding at the end of the tax year covered by this return?	38a	<u> </u>	X
	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A	4		
39	Section 501(c)(7) organizations. Enter:		i	
a	Initiation fees and capital contributions included on line 9 39a N/A	_		
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A	_		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
_	section 4911 \blacktriangleright N/A; section 4912 \blacktriangleright N/A; section 4955 \blacktriangleright N/A			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the			Ì
	year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ?		l	
	If "Yes," complete Schedule L, Part I	40b	N/	A_
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers		l ,	
	or disqualified persons during the year under sections 4912, 4955, and 4958			
đ	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the			
	organization N/A			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed NONE The approximate the basic area of the DILLIAN BRANCH BRAN	<u> </u>	4.6.2	
42 a	The organization's books are in care of PHILIP BRYANT, TREASURER Telephone no. > 240-69			
	Located at ► 5879 ALLENTOWN ROAD, CAMP SPRINGS, MD ZIP+4 ►	40/4	<u>o</u>	
D	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Yes	Ala
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	406	162	
	account)? If "Yes," enter the name of the foreign country:	42b		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			
	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	40-		v
Ü	If "Yes," enter the name of the foreign country:	42c		<u>X</u>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			
70	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		ш
	45	IV/A		·
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of		103	110
	Form 990-EZ	44a		v
h	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead	444		<u> </u>
	of Form 990-EZ	446		v
c	Did the organization receive any payments for indoor tanning services during the year?	44b		<u> </u>
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation	44c		Λ
•	In Schedule O	44d		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			X
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section	45a		
	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		
	S 12/1	Form 9	00-E7 /	20121
		TOTAL 3	90-EK (2012)

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								Yes	No
16 Did the o	rganization engage, directly or indirectly, in po	litical campaign activities	on behalf of or I	n opposition to ca	indidates for p	ublic office?			
	complete Schedule C, Part I						46	X	L
	Section 501(c)(3) organizations All section 501(c)(3) organizations must a		Oh and 52 and	d complete the	tables for line	se 50 and 5	:1		
	Check if the organization used Schedule				Lables for lift	s ou and c	, ,		
	One with organization assured constant	o to toopona to any t	40001101111110					Yes	No
7 Did the o	rganization engage in lobbying activities or hav	re a section 501(h) election	on in effect durin	g the tax year? If	"Yes," complet	e Sch. C, Pa	rt II 47		
_	ganization a school as described in section 170			E			48		
	rganization make any transfers to an exempt n	-	anization?				492		
-	vas the related organization a section 527 orga		ather then office	ro directore truc	tage and key or	nolovece) w	49t		
-	e this table for the organization's five highest co 0,000 of compensation from the organization.			15, 111661015, 1145	ices allu key ei	iipioyees) w	no each i	eceiveu	HUIE
unan wito	(a) Name and title of each employee	THE THOUGHT OF THE THE	(b) Average	hours (c	Reportable	(d) Health be	enefits,	(e) Estim	ated
	paid more than \$100,000		per week dev	oted to comp	ensation (Forms 2/1099-MISC)	employee benefit		mount of	
	N/A		positioi	n		plans, and de compensa		compens	ation
								 	
							İ		
									
	·								
					•			·	
	nber of other employees paid over \$100,000								
•	e this table for the organization's five highest co		contractors who	each received m	ore than \$100,	000 of com	ensation	from the)
	ion. If there is none, enter "None." N/A d address of each independent contractor paid			(b) Type of serv	ro		(c) Com	pensatioi	
(a) warrie arri	a address of each independent contractor para	ποτε τιαι ψ100,000		(b) Type of serv	00		(U) COIII	pensago	<u></u>
				 					
d Total nun	nber of other independent contractors each rec	ceiving over \$100,000		Þ	>				
2 Did the or	rganization complete Schedule A? Note : All se	ction 501(c)(3) organizat	ions and 4947(a)(1) nonexempt					
charitable	e trusts must attach a completed Schedule A	uding accompanying schedu	es and statements.	and to the best of m	v knowledge and	belief, it is tru	e correct	Yes	No No
Declaration of pre	of perjury, I declare that I have examined this return, including parer (other than officer) as based on all information of	which preparer has any knowl	edge				11/12	,	
Sign 👂	Signature of officer	mjory				Date	0/13		
Here	PHILIP BRYANT, TREA	SURER							
	Type or print name and title			-					
	Print/Type preparer's name	Preparer's signature		Date	Check X	_	V		
Paid		MICHAEL E.			self- emplo	·			
Preparer	CPA	WARSHAW, CF	<u>'A</u>	06/17/13			0123		
Jse Only	Firm's name SALTER & COM		י מודדשיי	300		▶ 53-1			
	Firm's address ► 4600 EAST-W BETHESDA, M		-	300	Phone no.	301	-830	- /40	U
May the IDC de	scuss this return with the preparer shown above		. J			b	. 🗔 ,	Yes	No
nay mig miy uli	occes this rotain with the proparti shown apo-	70 000 man uonoma				Р		990-EZ	

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations: Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35c (Proxy Tax), then

•	Section 501(c)(4), (5), or (6) organiza	tions Complete Part III			
Nar	ne of organization BRICKLA	YERS LOCAL 1 MD	, VA & DC	Empl	oyer identification number
	POLITIC	CAL ACTION COMMI'	PEE		01-0647214
Pá	art I-A Complete if the or	ganization is exempt un	der section 501(c) or is a section 527 o	rganization.
2	Provide a description of the organi Political expenditures Volunteer hours	zation's direct and indirect polit	ical campaign activities	_	3,505.
Pá	art I-B Complete if the org	ganization is exempt un	der section 501(c)(3).	
	Enter the amount of any excise tax				
	Enter the amount of any excise tax			5 5 ▶ \$	
3	If the organization incurred a section	on 4955 tax, did it file Form 472	0 for this year?		Yes No
4:	Was a correction made?				Yes No
	If "Yes," describe in Part IV		- · · - · · · · · · · · · · · · · · · ·		
Pá	art I-C Complete if the or	ganization is exempt un	der section 501(c), except section 501(c)(3).
1	Enter the amount directly expende	d by the filing organization for s	ection 527 exempt fun	ction activities >> \$	
2	Enter the amount of the filing organ	nization's funds contributed to d	other organizations for	section 527	
	exempt function activities			▶ \$	
3	Total exempt function expenditure	s Add lines 1 and 2 Enter here	and on Form 1120-PO	١,	
	line 17b			▶ \$	Yes No
	Did the filing organization file Form	•			
5	Enter the names, addresses and e			_	
	made payments For each organization contributions received that were pro-				
	political action committee (PAC) If				ite segregated fund of a
		Τ			(e) Amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	contributions received and
				funds If none, enter -0-	promptly and directly
					delivered to a separate political organization.
					If none, enter -0-
					, , , , , , , , , , , , , , , , , , , ,
		<u></u>			
					
				1	

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2012

LHA

BRICKLAYERS LOCAL 1 MD, VA & DC

Schedule C (Form 990 or 990-EZ) 2012	POLITICAL A	CTION COMM	TEE		0647214 Page 2
Part II-A Complete if the org		mpt under section	on 501(c)(3) and fil	ed Form 5768	
(election under sec	tion 501(h)).				
* *	-	_	n Part IV each affiliated	group member's nar	ne, address, EIN,
. —	re of excess lobbying		•		
B Check 🕨 If the filing organiza	ition checked box A a	nd "limited control" pr	ovisions apply		
	ts on Lobbying Expe ditures" means amo	nditures unts paid or incurred	.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infli	uence public opinion	(grass roots lobbying)			
b Total lobbying expenditures to infli	uence a legislative bo	dy (direct lobbying)			
c Total lobbying expenditures (add I	rnes 1a and 1b)				
d Other exempt purpose expenditure	es				
e Total exempt purpose expenditure	es (add lines 1c and 1	d)			
f Lobbying nontaxable amount Ent	er the amount from th	e following table in bo	th columns		
If the amount on line 1e, column (a) o	or (b) is The lot	bying nontaxable an	nount is:		
Not over \$500,000	20% of	the amount on line 16	<u> </u>		
Over \$500,000 but not over \$1,00	0,000 \$100,0	00 plus 15% of the ex	cess over \$500,000		
Over \$1,000,000 but not over \$1,5			cess over \$1,000,000.		
Over \$1,500,000 but not over \$17		00 plus 5% of the exc	ess over \$1,500,000		
Over \$17,000,000	\$1,000	,000			
- Crescrete postaveble emount (or	ator 25% of line 15				
 g Grassroots nontaxable amount (er h Subtract line 1g from line 1a. If zer 	· ·				
Subtract line 1f from line 1c If zero				<u> </u>	
j If there is an amount other than ze		line 1. did the organiz	ration file Form 4720		
reporting section 4911 tax for this		into 11, dia trio organiz	adon me i omi 4720		Yes No
reporting section 40 11 tax for this		eraging Period Under	Section 501(h)		
	ations that made a	section 501(h) electio	n do not have to comp es 2a through 2f on pa		
	Lobbying Expe	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount					
 b Lobbying ceiling amount 					
(150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))					

Schedule C (Form 990 or 990-EZ) 2012

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description)	(b)	
of the lobbying activity	Yes	No	Amo	unt
During the year, did the filing organization attempt to influence foreign, national, state or				
local legislation, including any attempt to influence public opinion on a legislative matter				
or referendum, through the use of				
a Volunteers?				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c Media advertisements?				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	-			
i Other activities? j Total Add lines 1c through 1i				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912		Ì		
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A Complete if the organization is exempt under section 501(c)(4), sect	ion 501(c)((5), or se	ction	
501(c)(6).			Yes	N
			163	
4 Manage that antique all (000) as marely dues resoured pendeductible by marshare?				
1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the experience make only in house lebbying expenditures of \$2,000 or loss?		1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered		2 3 (5), or se		e 3,
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2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues did notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, fund Part II-B, line 1 Also, complete this part for any additional information. PART I-A, LINE 1: PHE LOCAL 1 PAC OPERATES SOLELY TO INFLUENCE STATE ALSO MARYLAND. CONTRIBUTIONS ARE MADE TO POLITICAL CANITAL CANIT	d "No," OF	2 3 (5), or se (b) Part 2a 2b 2c 3 4 5 atted group	Ist), Part II-A	A, line
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues if notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exdoes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Fand Part II-B, line 1 Also, complete this part for any additional information. PART I-A, LINE 1:	d "No," OF	2 3 (5), or se (b) Part 2a 2b 2c 3 4 5 atted group	Ist), Part II-A	A, line

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2012

Open to Public Inspection

Internal Revenue Service

Name of the organization

BRICKLAYERS LOCAL 1 MD, VA & DC

Employer identification number 01-0647214

FOLITICAL ACTION COMMITTEE	01-004/214
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	
DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
REIMBURSED WAGE & EXP	76,318.
CONTRIBUTIONS TO CANDIDATES	3,505.
TOTAL TO FORM 990-EZ, LINE 16	79,823.
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - THE ORGAN	IZATION IS A
SEPARATE SEGREGATED FUND OF BRICKLAYERS LOCAL 1 MD, VA &	DC, OPERATED
EXCLUSIVELY FOR MAKING EXEMPT FUNCTION EXPENDITURES TO ST	ATE AND LOCAL
ELECTIONS.	
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEF	
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FU OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONT	
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMI	UMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.	